

STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1957

Registration District No.

10

Primary Registration District No.

3002

STATE FILE NUMBER

Registrar's No.

244

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nursing Home 7 days		d. STREET ADDRESS R. F. D. 3	
3. NAME OF DECEASED (Type or print) First Wallace Middle Bruce Last Ridgeway Jr.		4. DATE OF DEATH Oct. 15 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 16, 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 36 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Molino, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wallace B. Ridgeway Sr.		13b. MOTHER'S MAIDEN NAME Frances Powell	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address RFD 3 Mr. W. Bruce Ridgeway Mexico, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion + pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congestive heart failure + general debility DUE TO (c) 7544 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General partial prothymia, progressive, chronic			INTERVAL BETWEEN ONSET AND DEATH 1 week
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION COUNTY STATE		21. I attended the deceased from 10-11-57 to 10-15-57 and last saw him alive on 10-14-57 Death occurred at 1:05 p. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE M. Hallenbach M.D. (Degree or title)		22b. ADDRESS Mexico, Mo	
22c. DATE SIGNED Oct 16, 1957		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10-17-1957		23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park Mexico, Missouri	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo.	
25. DATE RECD. BY LOCAL REG. Oct 16-1957		26. REGISTRAR'S SIGNATURE Blanche Neely	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me; or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Ray Miller

Licensed Embalmer No. *4492*

P. O. Address *Mexico*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.